



Application	or	Docket	Numbe
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L		Ef	ffective De	cember 8	3, 200)4 ————			101	5	2/6/	9
CLAIMS AS FILED - PART I					SMALL EN TYPE			TITY	OTHER THAN OR SMALL ENTITY			
U.§	S. NATIONAL	STAGE FEES	·			<u> </u>	7	RATE	FEE	1	RATE	FEE
BA:	SIC FEE						BAS	IC FEE	1	OR	BASIC FEE	300
EX/	AMINATION FE	EE					EXA	M. FEE		1	EXAM. FEE	200
SE/	ARCH FEE						SEA	RCH FEE	+	1	SEARCH FEE	100
FEF	E FOR EXTRA	SPEC. PGS.	m'	inus 100 =		/ 50 =	x	\$ 125 =	1	1 1	X \$ 250 =	100
TOTAL CHARGEABLE CLAIMS			491	minus 20 =	. ,	29	1 x	\$ 25 =	 	OR		1450
IND	EPENDENT CL	LAIMS	14	minus 3 =	1. /	//	┨┝─	\$ 100 =	 	OR		
MUI	LTIPLE DEPEN	NDENT CLAIM.PR				/	┨ ├─	\$ 180 =	 	OR		2300
* If	the difference	e in column 1 is	less than ze	ro, enter "()" in ca	olumn 2	_	OTAL	 	OR	TOTAL	4250
	т	(Column 1)	AMENDE	D - PART (Colum	mn 2)	(Column 3)	s	MALL E	_	OR	OTHER 1	NTITY
4T A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	*	Minus	**		=	X	\$ 25 =		OR	X \$ 50 =	
AME	Independent	•	Minus	***		= 1	X \$	100 =		OR	X \$ 200 =	
	FIRST PRES	SENTATION OF M	/ULTIPLE DE	PENDENT (CLAIM		+ \$	180 =		OR	+ \$ 360 =	
								AL ADDIT. FEE		OR	TOTAL ADDIT.	Ī
		(Column 1)	T	(Colum		(Column 3)	<u>, , , , , , , , , , , , , , , , , , , </u>					
NT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	BER OUSLY	PRESENT EXTRA	R	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	X S	\$ 25 =		OR	X \$ 50 =	
AME	Independent	*	Minus	***		=	X \$	100 =		OR	X \$ 200 =	
	FIRST PRES	SENTATION OF M	IULTIPLE DEF	PENDENT C	LAIM		+\$	180 =		OR	+ \$ 360 =	
								L ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		umn 1 is less than the umber Previously Pai					z.	·tt [PEE L	

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 02/2005)